

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000261

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ColumbiaLength of stay in 1b
46 Yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Rector Nursing HomeInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boonec. CITY
OR
TOWN ColumbiaInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
310 Sanford Ave.Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First
FRANCESMiddle
ELIZABETHLast
LeMERT4. DATE
OF
DEATHMonth Day Year
January 23, 19635. SEX
Female6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
7-11-18749. AGE (last birthday)
88IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
At Home10b. KIND OF BUSINESS OR INDUSTRY
At Home11. BIRTHPLACE (City and state or country)
Rockford, Ill.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

David Warner

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

Paul LeMert

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Charles T. LeMert, Columbia, Mo.

18. CAUSE OF DEATH (Enter only one cause of death)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral thrombosis

INTERVAL BETWEEN ONSET AND DEATH

2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

cerebral arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8/28/62 to 1/23/63 and last saw ⁴⁵ alive on 1/15/63
Death occurred at 1:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Jan. 25, 1963

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

Columbia, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Parker Funeral Service, Columbia, Mo.

25. DATE RECD. BY LOCAL REG.

Jan 23 1963

26. REGISTRAR'S SIGNATURE

Mrs RE Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

DATE AMENDED

VS 300
Rev. 4/59

10109

20109

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9332X

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1286-0

133-0

FEB 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George A. Kieff

Licensed Embalmer No. 4752

P. O. Address Columbia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.